

GIC- Plan Benefits - Dental Value (PPO) Plan

Coverage with freedom of choice and savings!

Benefit Summary - Active Employees

Coverage Type	PDP In-Network:	Out-of-Network:
Type A – cleanings, oral examinations	100% of PDP Fee*	80% of Usual & Customary (R&C) Charge**
Type B – fillings	80% of PDP Fee*	60% of Usual & Customary Charge
Type C – bridges and dentures	50% of PDP Fee*	50% of Usual & Customary Charge
Type D – orthodontia	50% of PDP Fee Covered at any age.	50% of Usual & Customary Charge Covered at any age.
Deductible:	In-Network	Out-of-Network
Individual	N/A	\$100.00 per person, per calendar year for Type A, B, C Services.
Family	N/A	N/A
Annual Maximum Benefit:	In-Network	Out-of-Network
Per Person	\$1,000.00	\$ 1,000.00
Orthodontia Lifetime Maximum:	In-Network	Out-of-Network
Per Person	\$1,250.00	\$1,250.00

* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any deductibles, cost sharing and benefits maximums.

** Usual (Reasonable) & Customary refers to the lowest of: the dentist's usual charge for the same or similar services; the dentist's actual charge for the service; and, the usual charge of most other dentists in the same geographic area for same or similar services as determined by MetLife.

Please refer to the GIC Benefit Decision Guide for the employee contributions.



An example of savings when you visit a participating PDP dentist:

This hypothetical example shows how receiving services from a PDP dentist can save you money.

Your Dentist says you need a Crown, a Type C service: PDP Fee: \$375.00 U&C Fee \$500.00 Dentist's Usual Fee: \$600.00 Please note: This example assumes that your annual deductible has been met.			
IN-NETWORK		OUT-OF-NETWORK	
When you receive care from a participating PDP dentist:		When you receive care from a non-participating dentist:	
Dentist's Usual Fee is:	\$600.00	Dentist's Usual Fee is:	\$600.00
The PDP Fee is:	\$375.00		
Your Plan Pays:		Your Plan Pays:	
50% X \$375 PDP Fee	- \$187.50	50% X \$500 U&C Fee	- \$250.00
Your Out-of-Pocket Cost:	\$187.50	Your Out-of-Pocket Cost:	\$350.00

**In this example, you save \$162.50. (\$350.00 minus \$187.50).
by using a participating PDP dentist.**



Summary of Covered Services

Your dental plan provides benefits for any covered service that is necessary as determined by MetLife in terms of generally accepted dental standards.

Type A - Preventive

Prophylaxis (cleanings)
Oral Examinations

Topical Fluoride Applications
X-rays

Study Models & Cast

Space Maintainers
Sealants

How Many/How Often:

- Two per calendar year
- Initial Oral Exam, once per year
- Periodic- Two exams per calendar year.
- Twice per calendar year for dependent children up to 19th birthday
- Full mouth X-rays: one per 60 months.
- Bitewing X-rays: twice per calendar year.
- Once every 60 months.
- Space Maintainers for dependent children up to 19th birthday.
- One application of sealant material every 4 years for each unrestored permanent molar, under the age of 14.

Type B - Basic Restorative

Fillings

Simple Extractions
Surgical Extractions

Crown, Denture, and Bridge Repair

Endodontics

Periodontics

General Anesthesia

Emergency Dental Care

How Many/How Often:

- Silver Fillings- Once every 12 months per surface per tooth
- White fillings- Once every 12 months, per surface, per tooth on front teeth. Single surface only on back teeth.
- Temporary Fillings- Once per tooth
- Stainless Steel Crown- Once every 24 months
- Oral surgery benefits not provided when rendered in a surgical day care or hospital setting
- Once within 12 months - Same repair
- Rebase or reline of dentures- Once within 36 months
- Recement of Crowns and Onlays- Once within 12 months per tooth
- Root Canal Treatment- Once per tooth
- Pulpotomy- To age 14.
- Periodontal surgery- Periodontal benefits not provided when rendered in a surgical day care or hospital setting.
- Scaling- (Full Mouth) - Once per calendar year
- Cleaning- Once every three months following periodontal treatment- Maximum of four routine/periodontal cleanings per year.
- Allowed with covered surgical services only
- Minor treatment for pain relief- three occurrence in 6 months

Type C - Major Restorative

Prosthodontics:
Bridges and Dentures

How Many/How Often:

- Dentures once within 60 months
- Fixed Bridges and Crowns (when part of a bridge) Once within 60 months
- Crowns (when teeth cannot be restored with regular fillings) Once within 60 months, per tooth

Type D - Orthodontia

How Many/How Often

- Plan provides coverage to unmarried dependents to age 26 or two years following loss of dependent status under the IRS code, whichever occurs first.
- Covered to any age at 50% of the maximum plan allowance with a \$1,250.00 lifetime maximum.



Common Questions...Important Answers

Q. What is a participating PDP dentist?

- A.** A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in-full for services. PDP fees typically range from 10-35%[‡] below the average fees charged by dentists in your area for the same or substantially similar services.

Q. How do I find a participating PDP dentist?

- A.** There are more than 95,000 participating PDP dentist locations nationwide, including more than 2,100 General Dentist and 600 specialists in Massachusetts. You can get a list of these participating PDP dentists and their locations online at www.metlife.com/GIC or call the toll free number 1-866-292- 9990 to have a list faxed or mailed to you.

Q. What services are covered by the Preferred Dentist Program (PDP)?

- A.** The services covered by the MetLife PDP are those defined under your group dental benefits insurance certificate.

Q. Does the Preferred Dentist Program (PDP) offer PDP fees on non-covered services?

- A.** Yes. The PDP in-network scheduled fees extend even to non-covered services, such as cosmetic dentistry or orthodontia, providing plan participants with savings on these non-covered services as well. You will pay the full cost for non-covered services. However, you will be able to take full advantage of the PDP fees if the non-covered services are provided by a PDP dentist.

Q. May I choose a non-participating dentist?

- A.** Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the covered service and your plan's payment. With both the PDP dentist and the non-PDP dentist, benefits are based on the lowest cost of method of treatment so long as it meets generally accepted dental standards.

Q. Can my dentist apply for PDP participation?

- A.** Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply to become a PDP dentist, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. Website and phone number are designed for use by dental professionals only.

Q. How are claims processed?

- A.** Your dentist may submit your claims for you which helps to reduce your paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at www.metlife.com/GIC or request one by calling the toll free number 1-866-292-9990.

[‡] Based on internal analysis by MetLife

Did you know?

- It takes 26 muscles to smile, and 62 muscles to frown.¹
- The first modern toothbrush (bristled) was made in China about 1600 A. D.¹
- Aracchibutyrophobia is the fear of peanut butter sticking to the roof of your mouth.¹
- According to the Academy of General Dentistry, the average person only brushes for 45 to 70 seconds a day; the recommended amount of time is 2-3 minutes.²

1 Source: http://www.ada.org/public/events/ncdhm/activity_trivia.pdf, accessed February 2006.

2 www.dentalgentlecare.com/fun_dental_facts.htm, accessed February 2006.

Summary of Services Not Covered by the *Plan*

Your dental plan will not provide benefits for:

- Dental treatment that is primarily for cosmetic purposes;
- Dental treatment for which an alternate course of treatment is recommended based on materials and methods of treatment that cost the least and that meet generally accepted dental standards. you may be reimbursed only the benefit allowed on the procedures specified under this alternate course of treatment;
- Treatment performed by anyone other than a duly licensed dentist, except for scalings or cleanings of teeth performed by a licensed dental hygienist under the supervision of a licensed dentist;
- Treatment for temporomandibular joint (TMJ) syndrome;
- Dental treatment that began before the member's coverage became effective or for dental treatment that continues after the member's coverage ends (multi-visit procedures may be considered on an individual basis — please have your dentist submit a pretreatment estimate before having the service completed)
- A dentist's charge to you for any appointment that you miss;
- Dental treatment performed in a hospital owned and operated by the United States Government, or performed elsewhere at the expense of the U.S. Government;
- Any dental services and supplies for which a charge would not have been made in the absence of dental coverage;
- Dental expenses for an injury for which you recover all or part from a third party who is liable for the injury; or
- All claims for benefits not submitted within one year of the date services were rendered.

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy [(Policy form GPNP99)] issued by MetLife. Coverage terminates when your membership ceases; when your dental contributions cease; upon termination of the group policy by the Policyholder; non-payment of premium; or, if participation requirements are not met. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Your group policy and certificate will provide details of your benefits and will control over this benefit summary. Please contact MetLife for complete details.

